

<b>Case Number:</b>	CM13-0051285		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/24/1995
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 64-year-old female with date of injury of 1/24/95. The progress report dated 9/17/13 by [REDACTED] list the patient's diagnoses as: 1) Complex regional pain syndrome of upper and lower extremities; 2) Lumbar spinal stenosis, moderate central at L4-L5, severe foraminal right L3; 3) Lumbar facet arthropathy and lumbar spondylosis; and 4) Status post intrathecal pump implant. The patient continues with bilateral arm pain, bilateral leg pain, and right hip pain. The patient's pain is reported as constant with an intermittent component to it, as well as itching, burning, throbbing, dull, and pins and needles. Pain decreases with rest and medication, and increases with activity and sometimes spontaneously. Physical exam findings include diffuse myofascial tenderness in the spine, tenderness to the mid-to-lower paravertebral facets in the lumbar spine, diffuse dyesthesias and tenderness in the upper and lower extremities. The patient has an antalgic gait. It is reported that the patient was functioning at an extremely low level. She has a combination of deconditioning, chronic pain, and obesity, and this continues to worsen rapidly.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**120 Oxycontin ER 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 81, 88-89.

**Decision rationale:** The patient presents with continued bilateral arm pain, bilateral leg pain, and right hip pain. She has a diagnosis of complex regional pain syndrome of the upper and lower extremities. She also has an intrathecal pump implant. The records appear to indicate that the patient has been on opioid medications for more than six months. The MTUS states that pain should be assessed at each visit, and functioning should be measured at six-month intervals. It also states that ongoing management must involve the 4As: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Three records dated between 2/19/13 and 9/17/13 indicated that the patient's pain was assessed, but the treating physician failed to document any functional improvement with the use of a numerical scale or validated instrument. There also did not appear to be any discussion noting any adverse side effects or any aberrant drug-taking behaviors. This patient appears to continue with chronic pain, but without adequate documentation of functional improvement, the continuation of opioid medication cannot be recommended. The request is not certified.